

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Values are Vital		FEC IDENTIFICATION NUMBER ▼ C C00552422	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 5 Mapleton Road Suite 300		Amount 7893.34	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4229
Purpose of Expenditure 1/3 of TV Buy	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 25 / 2014	
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 645828.48		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 5 Mapleton Road Suite 300		Amount 7893.33	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4230
Purpose of Expenditure 1/3 of TV Buy	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 25 / 2014	
Name of Federal Candidate LIZBETH BENACQUISTO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 653721.81		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15786.67
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Values are Vital

FEC IDENTIFICATION NUMBER ▼

C C00552422

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee

Jamestown Associates

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y

Mailing Address 5 Mapleton Road

Suite 300

Amount

7893.33

City

Princeton

State

NJ

Zip Code

08540

Transaction ID : SE.4231

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Purpose of Expenditure

1/3 of TV Buy

Category/
Type

004

Name of Federal Candidate

CURTIS J CLAWSON

☐ Support☒ Oppose

Office Sought:

☒ House

District: 19

☐ President☐ Senate

State: FL

Calendar Year-To-Date
Per Election for Office Sought

661615.14

Disbursement For: ☐ Primary ☐ General
2014☒ Other (specify) ▶ Special-Primary

Full Name of Payee

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y

Purpose of Expenditure

Category/
Type

Name of Federal Candidate

☐ Support☐ Oppose

Office Sought:

☐ House

District: _____

☐ President☐ Senate

State: _____

Calendar Year-To-Date
Per Election for Office SoughtDisbursement For: ☐ Primary ☐ General☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

7893.33

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

23680.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Signature